

**CONFIDENTIAL**

STATE OF CALIFORNIA

OFFICE OF VICTIM AND SURVIVOR SERVICES

**REQUEST FOR OFFENDER INFORMATION**

If you are a victim of crime, next of kin, parent or guardian of the minor victim and the offender is being supervised by Division of Juvenile Justice (formerly known as the California Youth Authority), you have the right to be notified of certain offender information depending on the type of offense committed and court of jurisdiction. **At the minimum** you have the right to be notified of the hearings where parole dates may be considered, any subsequent changes to the date, and escape.

For more information about your rights, please fill out the designated sections below and mail form to:

**California Department of Corrections and Rehabilitation  
Office of Victim and Survivor Services--Juvenile Services Division  
P.O. Box 942883  
Sacramento, California 94283-0001**

Office Phone: (916) 322-6676

Toll Free Phone: (877) 256-6877

TTY Phone: (800) 555-6469

Website Address: <http://www.cdcr.ca.gov/>

E-mail: [opvs@cya.ca.gov](mailto:opvs@cya.ca.gov)

Offender Name \_\_\_\_\_ YA#/M# \_\_\_\_\_

Date Sentenced: \_\_\_\_\_ CDC# \_\_\_\_\_

County of Commitment: \_\_\_\_\_ Court Case # \_\_\_\_\_

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

As the: ☐ Victim  
☐ Parent or Guardian  
☐ Next of Kin  
☐ Witness  
☐ Other \_\_\_\_\_

I request to be advised on this offender's status as allowable by law. **I understand that it is my responsibility to keep my address and phone number current so that notification can be made.**

Name of victim: \_\_\_\_\_ ☐ Minor ☐ Deceased

Name of contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Fold Here** \_\_\_\_\_

\_\_\_\_\_ **Fold Here** \_\_\_\_\_

**Return Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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P.O. Box 942883  
Sacramento, California 94283-0001  
ATTENTION: Parole Agent III**